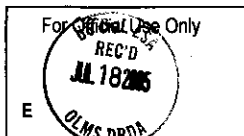


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3406</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Jeffrey</u> <u>C</u> <u>Murphy</u>  P.O. Box, Bldg., Room No., if any <u>MEA Legal Services Dept</u>  Street <u>1216 Kendale Blvd</u>  City <u>East Lansing</u>  State <u>Michigan</u> ZIP Code + 4 <u>48826-2573</u>	4. Name, file number, and address of labor organization. Name <u>Michigan Education Association</u>  Labor Organization File Number <u>512-840</u>  P.O. Box, Building and Room Number, if any <u>PO Box 2573</u>  Street <u>1216 Kendale Blvd</u>  City <u>East Lansing</u>  State <u>Michigan</u> ZIP Code + 4 <u>48826-2573</u>
5. Position in labor organization. <u>Staff Attorney</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jeffrey C. Murphy</u>	On <u>7/11/05</u> Date	<u>(517) 332-6551</u> Telephone Number

Name of Person Filing Jeffrey Murphy

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3406

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name White, Schneider, Young &amp; Chiodini, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 Jolly Oak Road

City Okemos

State Michigan ZIP Code + 4 48864

14.a. Nature of payment.

3/6/04 - dinner/concert tickets -	\$70
6/2/04 - dinner, approx -	50
6/3/04 - 1/4 of dinner, approx -	30
6/4/04 - dinner, approx -	30
11/4/04 - dinner & theater, approx -	120

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$300

Name of Person Filing Jeffrey Murphy

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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Duby &amp; Associates, PLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 2510 Kerry St

City Lansing

State Michigan ZIP Code + 4 48912

14.a. Nature of payment.

12/10/04 - holiday luncheon, approx - \$25

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Firestone Law Firm, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 530

Street 30555 Southfield Rd

City Southfield

State Michigan ZIP Code + 4 48076

14.a. Nature of payment.

12/13/04 - holiday luncheon, approx - \$30

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Law Offices of Lee &amp; Clark

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 113

Street 24901 Northwestern Hwy

City Southfield

State Michigan ZIP Code + 4 48075

14.a. Nature of payment.

6/3/04 - 1/4 dinner, approx - \$30  
12/16/04 - holiday dinner, approx - 8013.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$110

Name of Person Filing Jeffrey Murphy

File Number U- 3406

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kalniz, Iorio &amp; Feldstein Co., LPA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4891 Cascade SE

City Grand Rapids

State Michigan ZIP Code + 4 49556

14.a. Nature of payment.

6/3/04 - 1/4 dinner, approx - \$30

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Fink, Zausmer &amp; Kaufman, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 150

Street 31700 Middlebelt Rd

City Farmington Hills

State Michigan ZIP Code + 4 48334

14.a. Nature of payment.

6/3/04 - 1/4 dinner, approx - \$30

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.